

Population Health Referral

POPULATION HEALTH FAX: 225-298-3184

POPULATION HEALTH PHONE: 1-800-317-2299

NOTE: DO NOT use this form for urgent or emergent referrals. Upon receipt of the referral form, a Population Health nurse will reach out to the patient within 3-5 business days.

Patient Information	
Patient Name _____	
Date of Birth _____	Patient Phone (Day) _____
BCBSLA ID Number _____	Evening Phone _____
Referring Physician Name _____	Referring Physician Phone _____

Pertinent Clinical Information
Diagnoses, treatment plan, labs/test results, vital signs, discharge summary, etc. _____ _____

Referral Type	
<input type="checkbox"/> Health Coach	Reason for Referral _____ _____
<input type="checkbox"/> Social Worker	Reason for Referral _____ _____
<input type="checkbox"/> Dietician	Reason for Referral: _____ _____

Additional Information
_____ _____